NEBRASKA HOMELESS ASSISTANCE PROGRAM

REQUEST FOR HPRP EXPENSE PAYMENT AND DOCUMENTATION

Quarter (check one):1 st (July, Aug, Sept)	2 nd (Oct, Nov, Dec)	
	3 rd (Jan, Feb, Mar)	4 th (Apr, May, June)	
Organization:			
Grant #:			
Federal ID:			
Address:			
City, State:			
Zip:			
	Category	Amount	
	e: Homelessness Prevention		
	e: Rapid Re-housing		
Housing Relocation	and Stabilization Services:		
Homelessness Preve	and Stabilization: Rapid Re-		
housing Relocation	and Stabinzation: Rapid Re-		
	melessness Prevention		
Administration: Ra			
Data Collection and			
	TOTAL		
*Please attach appr	opriate supportive documentation	on to this form.	
	thorized Official		
Print or type na	me of authorized official		
Date			
REQUIRED SIG	SNATURES:		
Executive Direct	tor/Chief Officer	Date	
Chief Fiscal Offi	icer/Treasurer	Date	
Board Chairper	son	Date	